



# Medicaid Waiver Management Application

### Project Information Bulletin

March 20, 2015 (4th Edition)

The Medicaid Waiver Case Management Application (MWMA) Information Bulletin is a periodic publication providing MWMA stakeholders and users with important project updates and information related to the MWMA implementation.

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#### **◆** Important Announcements

**Cabinet Issues MWMA Overview Statement.** The Cabinet for Health and Family Services has developed a special message to help address some of the frequently asked questions around MWMA and clarify its key objectives, functionality and intended users. The statement is located here.

The Medicaid Partner Portal is Now Live. Medicaid waiver providers should have received a recent email invitation from the Department for Medicaid Services to begin the Kentucky Medicaid Partner Portal registration process. The Kentucky Medicaid Partner Portal is a web-based portal that replaces the paper-based enrollment processes for Medicaid providers. All Medicaid waiver provider agencies must be set up in the Medicaid Partner Portal before they can gain access to the Medicaid Waiver Management Application. For more information on the Medicaid Partner Portal, please visit the Medicaid Partner Portal Information Page.

**Space is Still Available in Classroom Training Sessions.** There is still space available in some of the remaining MWMA classroom training sessions. Remember to sign up for your desired session as soon as possible as each class has a limited number of available seats. Only those individuals whose names and email addresses were submitted via the Training Participant Rosters will be able to register for training. If your name was submitted and you have not yet received an invitation or if your agency would like to submit a roster, please email the Implementation Team at WCM Implementation@ky.gov.

Online Training Materials are Now Available. Online materials, which include self-paced web-based training courses, job aids and the MWMA user manual can be accessed at the MWMA-TRIS portal. Web-based courses, which offer simulated exercises around key system functionality can serve as a helpful resource for those looking for refreshing training after attending classroom sessions or in-depth training for those who were not able to attend classroom training.



**Classroom Training is a Success!** To date, the MWMA training team has conducted over 30 training sessions and trained more than 450 case managers. MWMA trainings serve as in-depth preparation for system users as they offer participants hands-on practice using system functionality.

**MWMA Contact Center Launching Soon!** Contact Center staff are currently being onboarded and trained to support incoming calls regarding MWMA issues and questions. The Contact Center phone number, which will be operational starting April 17th, will be communicated via upcoming Information Bulletins, the MWMA Information Page and other Cabinet communications.

#### **MWMA Overview Statement**

The Cabinet has developed the following statement to provide clarification around the goals and objectives of the Medicaid Waiver Management Application, the system's key users and the functionality it will offer these users.

The Cabinet for Family and Health Services (CHFS) is continuing to improve the existing Home and Community Based Service (HCBS) programs. To guide these improvements, CHFS has identified seven improvement objectives:

- 1. Streamline how individuals and authorized representatives access and apply for services (i.e., No Wrong Door).
- 2. Provide a portal for individuals and or their representatives to access their information and to review and approve timesheets electronically.
- 3. Ensure the right people are being enrolled in the right programs.
- 4. Once enrolled, ensure individuals are receiving the services they need.
- 5. Optimize the sharing of information about individual care needs among authorized direct providers thereby reducing paperwork.
- 6. Allow for more timely authorization of services and eliminate faxing.
- 7. Implement the Final Rules issued by CMS for HCBS Waiver Programs.

Several initiatives are underway to meet these objectives. One such initiative is the implementation of the Medicaid Waiver Management Application (MWMA) which includes system functionality that will evolve over time. There are three timeframes for MWMA deployment to users:

- 1. Upon the first release (planned for <u>April 17th</u>) of the application, the MWMA will be used exclusively by Case Managers, Quality Improvement Organization (QIO) staff, and CHFS staff. This release addresses key objectives of ensuring the right individuals are enrolled in HCB waiver programs and are receiving the right services.
- 2. As of the second release (planned for December 2015), direct service providers will have the ability to access MWMA to view level of care and plan of care details and enter and submit incident reports (provider portal), but will not have further access. In addition, this second release will add functionality to support Participant Directed Services (PDS).
- 3. As part of the Commonwealth's long-term vision, MWMA will integrate with the Kentucky Health Information Exchange (KHIE), offering authorized case managers and service providers' greater access to share health information for individuals they serve.

MWMA will not eliminate the need for an Electronic Medical Record (EMR) system. In addition, MWMA will not include billing services needed to submit claims to CHFS for payment nor eliminate the need for those system capabilities

existing in agencies. MWMA supports the No Wrong Door concept by allowing those involved in an individual's care the ability to see the identified service needs (case plans, prior authorization, etc.) and supporting documents. The KHIE interface will allow vital health information to be shared to promote effective patient care. The goal is to allow providers

## MWMA Roadmap

to share documents and structured data utilizing the KHIE by 2016.

The MWMA implementation will occur across two releases. The initial release is scheduled for Spring 2015 and the second release is scheduled for December 2015.

The Roadmap below highlights key milestones and goals for a successful implementation of the initial MWMA release.

Identify Application Requirements		Develop and Test  Application		Train MWMA Users		Go-Live (1 <sup>st</sup> Release)	
Nov 2013-Jan 2014		Jan 2014-February 2015		Oct 2014- April 2015		Spring 2015	
V	Perform analysis of existing business	<b>V</b>	Conduct design sessions with CHFS	V	Schedule classroom training	•	Establish user IDs for accessing MWMA
<b>V</b>	processes  Define future business processes	7 7	staff Build application Plan testing activities	<b>V</b>	Register participants in classroom training Distribute training materials to MWMA		Communicate go-live preparedness activities & requirements
•	I = In Progress	✓	Perform testing  Launch user acceptance testing	•	users Conduct classroom training		Distribute toll-free help desk number Launch MWMA solution

### Spotlight on . . . Completing and Submitting a Plan of Care

Like other Medicaid waiver processes, Plan of Care (POC) development and management will be supported by MWMA upon the April 17<sup>th</sup> release. The Plan of Care functionality offered by MWMA is designed to enhance and streamline activities around the creation, submission and review of plans of care. POC tools will support person-centric planning in which an Individual's plan of care is developed to meet his/her unique needs.

Plan of care development will be facilitated in MWMA by a series of screens where case managers perform such actions as enter goals, add services, relate goals to services, enter service units and rates, select service providers, enter service needs outcomes, and upload supporting documentation. Once an Individual's plan of care details are submitted in MWMA, authorized users, including Plan Reviewers (Carewise Health), will have the ability to access this information in real time. Plan of Care is further streamlined by the automated task hand off that occurs between users. For example, Plan Reviewers will receive system-generated tasks to review submitted plans of care and case managers will receive tasks when additional documentation or information is requested by Plan Reviewers before prior authorizing services.

In addition to creating and submitting plans of care, Case Managers will also be able to complete and submit waiverspecific documentation (e.g., Transition Plans, Crisis Prevention Plans, Individual Narratives) through MWMA. This

particular functionality will replace the paper-based documents that are currently attached to the MAP form during POC submission.

The table on the following page highlights the major benefits provided by MWMA's Plan of Care functionality.

MWMA Features/Functionality	Examples of Benefits				
Task Management	<ul> <li>POC-related tasks are automatically generated in MWMA for:</li> <li>The assigned Case Manager/ Supervisor to create and submit the initial plan of care</li> <li>The assigned Case Manager/ Supervisor if revisions are needed</li> <li>The assigned Case manager/ Supervisor when it is time to initiate annual recertification</li> <li>The Case Supervisor to review the plan of care (Only if this currently occurs within your agency)</li> <li>The Plan Reviewer to review the plan of care</li> <li>The Case Management Administrator** to review the plan if there is an exceptional unit/rate or provider conflict</li> </ul>				
	<ul> <li>Benefits of this functionality include:</li> <li>Ability to track and monitor an Individual's Plan of Care and Prior Authorization status in real time</li> <li>Automated reminders around key tasks (e.g., annual recertification)</li> <li>Minimized communication delays which help expedites service delivery</li> </ul>				
Electronic Plan Details Submission	<ul> <li>MWMA enables Case Managers/ Supervisors to submit Plan of Care details electronically. Benefits of the electronic details submission functionality include:         <ul> <li>Submission of complete service details: An Individual's service are only able to be submitted once all required fields have been entered (e.g., service frequency and service units) Also, the service dates cannot surpass the level of care end date.</li> <li>Expedited Prior Authorization decisions: The electronic details submission functionality allows the Plan Reviewer to view plan details instantly after being submitted by the Case Manager/ Supervisor.</li> </ul> </li> </ul>				
Electronic Document Submission	<ul> <li>MWMA incorporates a document upload functionality which allows Case Managers/ Supervisors to electronically attach documents as part of an Individual's Plan of Care. Benefits of the electronic document submission functionality include:         <ul> <li>Expedited prior authorization decisions: The document upload functionality helps the POC Reviewer to make a timely decision surrounding the prior authorization of services.</li> <li>Electronic Storage: This functionality allows document(s) to be reviewed at any point after they are uploaded.</li> </ul> </li> </ul>				

<sup>\*\*</sup> A Case Management Administrator is a Cabinet for Health and Family Services representative who reviews a plan of care if there is an exceptional unit/rate or provider conflict.

# Helpful Links & Resources

Bookmark these helpful links in your web browser for quick access.

- MWMA Information Page
- MWMA Frequently Asked Questions
- MWMA Fact Sheet
- MWMA-TRIS Training Portal

- MWMA Overview Presentation
- <u>kynect</u>
- Department for Medicaid Services

The MWMA Implementation Team wants to hear from you! Contact us and let us know what you think about this bulletin.